

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/937550		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
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TOTAL IND.	1	↓	1	↓		↓	TOTAL IND.		↓
TOTAL DEP.	20	←	20	←		←	TOTAL DEP.		←
TOTAL CLAIMS	21		21				TOTAL CLAIMS		

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS